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Bib Data Sheet

CONFIRMATION NO. 1675

SERIAL NUMBER 10/052,122	FILING DATE 01/17/2002 RULE	CLASS 382 350	GROUP ART UNIT 2621 2626	ATTORNEY DOCKET NO. 30033.0006
APPLICANTS Nobukatsu Nishida, Otsu-shi, JAPAN; Kazuyuki Uragami, Kyoto-shi, JAPAN; Makoto Ito, Urayasu-shi, JAPAN; Naoto Takeda, Kyoto-shi, JAPAN;				
** CONTINUING DATA ***** NONE CMB 02/02/06				
** FOREIGN APPLICATIONS ***** YES CMB 02/02/06 PCT/JP99/03886 07/19/1999				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 02/12/2002				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met		STATE OR COUNTRY JAPAN	SHEETS DRAWING 6	TOTAL CLAIMS 21
Verified and Acknowledged Examiner's Signature: <i>Michael F. Scalise</i> Initials: CMB		INDEPENDENT CLAIMS 12		
ADDRESS Michael F. Scalise Hodgson Russ LLP One M&T Plaza, Suite 2000 Buffalo, NY 14203-2391				
TITLE Color proofing method and apparatus, and recorded medium on which color proofing program is recorded				
FILING FEE RECEIVED 1644	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	